



North Carolina Department of Health and Human Services
Division of Social Services

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Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Pheon E. Beal, Director
(919) 733-3055

December 7, 2001

**Dear Authorized Officials and Project Directors of Division-funded:
Family Support Services Programs
Family Resource Centers**

Subject: Follow-up to October 9, 2001 letter regarding re-allocation of funds

A letter distributed on October 9, 2001 stated the intent of the Division of Social Services to re-allocate state and federal funds designated for Family Resource Centers and Family Support Services programs on a competitive basis. At that time, the Division believed that the re-allocation process was the most effective means of responding to the concerns expressed by legislative leaders during the recent budget process. This process had included a \$250,000 reduction in funding for Family Resource Centers as well as new programmatic requirements.

Several developments have resulted in the need for us to reconsider the original plan to re-allocate funds on a competitive basis. The original timeframe for the process, already very tight, was made unmanageable by the delay in the receipt of a certified state budget by the Division. Secondly, there continues to be a distinct possibility of additional program cuts and funding reductions, making it impossible to know the exact amount of funds that are available to re-allocate. Also, DHHS is considering a comprehensive policy related to all Family Support Programs and Family Resource Centers funded by the Department that may have a significant impact on the future direction and design of these services. With these developments, the Division has decided to postpone a final decision regarding a re-allocation of funds and to proceed with implementation of the new programmatic requirements within currently funded programs. As outlined in this letter, some of the requirements must be implemented immediately and others must be implemented by July 1, 2002. Some agencies will have to make significant programmatic changes in order to be funded for the next fiscal year.

A. PROGRAMMATIC REQUIREMENTS TO BE IMPLEMENTED IMMEDIATELY

All currently funded programs are required to implement the following programmatic components immediately and to provide written confirmation to the Division when completed:

1. Contact the county's public health agency and to participate in a coordinated effort to enhance current resources and activities aimed at the reduction of HIV/AIDS.
2. Complete a formal Memorandum of Agreement with any and all publicly-funded Family Resource Centers or Family Support Programs that provide services to families within your identified service area or an adjoining service area. The MOA must assure the coordination and non-duplication of services across programs.

B. PROGRAMMATIC REQUIREMENTS TO BE IMPLEMENTED NO LATER THAN JULY 1, 2002

All currently funded programs are required to implement the following programmatic components NO LATER THAN July 1, 2002. These components need to be included in all contract agreements for SFY 2002-03.

1. All programs must be center based and physically located in a defined high-risk community or neighborhood. Programs must be able to document that the area has a disproportionately high level of: (a) families with low incomes; (b) children with poor academic and social performance; and (c) child abuse and neglect.
2. All programs must provide Academic and Social Success as a strong, core service component to enhance proper child development and improve the likelihood of academic and social success of children. All programs must closely track and report outcome information at the child, family and community level related to this component.
3. All programs must provide Parent/Child Participation as a strong, core service component to enhance relationships and communication between parents and their children, enable parents to become positive role models for their children, and build strong families. All programs must closely track and report outcome information at the child, family and community level related to this component.

4. All programs will develop and implement a collaborative partnership with the public child welfare agency to implement one or more of the following as a strong, core service component: (a) prevent and remedy child maltreatment; (b) reunify foster children with their families; and/or (c) recruit and support foster and adoptive families. This partnership needs to be described in a jointly developed plan that is signed by FRC/FS Program and DSS administrators and approved by your Division consultant. All programs must closely track and report outcome information at the child, family and community level related to this component.
5. All programs must use the "How Are We Doing" toolkit to conduct an on-going self-assessment of the extent to which services are provided in a holistic, family-centered manner.

As part of the contract renewal process for SFY 02-03, each program will be required to submit:

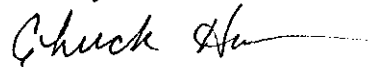
- A description of activities to reduce HIV/AIDS
- Copies of MOAs with other FRC/FS programs
- A description of how the required core services are provided: Academic and Social Success, Parent/Child Participation, Collaborative Partnership with public child welfare services (submit copy of jointly developed and approved plan).
- A description of how all services are provided in a holistic, family-centered manner.

We recognize that these programmatic requirements will cause a substantial shift in services for some programs, and want to allow time for adjustments prior to the contract approval process. We also recognize that the uncertainty of the funding for FRC/FS programs has been difficult for you as well as for us. We are hopeful that compliance with the new programmatic requirements will result in stronger legislative support and a more secure funding base. Please work closely with your Division consultant in the planning and implementation of these requirements. A copy of this letter is also being sent to the DSS Director in your county in an effort to facilitate the joint planning process.

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Thank you for your attention to these important new programmatic requirements. The special provisions passed by the General Assembly as part of the budget bill are attached for your reference. If you have any questions or need additional information, please contact your consultant at (919) 733-2279.

Sincerely,



Charles C. Harris, Chief
Children's Services Section

cc: Pheon Beal
Sherry Bradsher
Team Leaders
Children's Program Representatives

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001
2001-DHHS-SB 1005 Ratified

SPECIAL PROVISIONS

FAMILY RESOURCE CENTERS

SECTION 21.48.(a) The Department of Health and Human Services shall evaluate the use of all State and Federal funds allocated to Family Resource Centers that primarily serve families with minor children. The evaluation shall incorporate data collected from these Centers and shall assess the effectiveness of each program in achieving established program goals including the following:

- (1) Enhancing children's development and ability to attain academic and social success.
- (2) Promoting successful transition from early childhood education programs and child care to public schools.
- (3) Assisting families in achieving economic independence and self-sufficiency.
- (4) Mobilizing public and private community resources to help children and families in need.
- (5) Ensuring that plans are designed and implemented to provide families with services in a holistic family centered manner.

SECTION 21.48.(b) The Department shall establish performance measurement protocol, based on national standards or best practice models, to determine the effectiveness of services provided by all family resource centers specified in subsection (a) of this section.

SECTION 21.48.(c) Unless inconsistent with federal law, the Department shall ensure that all programs have similar core services and the same goals while eliminating duplication of effort at the local level. The Department shall redirect the funds for Family Resource Centers to focus on those core services that have a direct impact on strengthening family support.

SECTION 21.48.(d) In determining the allocation of funding, the Department shall ensure that Family Resource Centers have demonstrated that they have collaborative arrangements with other public and private agencies that have similar purposes that delineate specific roles and responsibilities to ensure effectiveness and efficiency in the operation of Family Resource Centers.

SECTION 21.48. (e) The Department shall report on activities under this section. This report is due to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division on June 30, 2002.

HIV/AIDS PREVENTION INITIATIVE

SECTION 21.18D.(a) It is the intention of the General Assembly to focus current resources and activities to strengthen and enhance prevention and intervention programs directed at the reduction of HIV/AIDS. The Department shall coordinate efforts to enhance awareness, education, and outreach with the North Carolina AIDS Advisory Council, North Carolina Minority Health Advisory Council, representatives of faith communities, representatives of nonprofit agencies, and other State agencies.

SECTION 21.18D.(b) The Department of Health and Human Services shall coordinate and ensure the implementation of developmentally appropriate education, awareness, and outreach campaigns to comply with subsection (a) in the following programs and services:

- (1) Division of Social Services programs and services:
 - a. Domestic Violence Prevention and Awareness.
 - b. Domestic Violence Services for Work First Families.
 - c. After School Services for Work First Families.
 - d. Work First Boys/Girls Clubs.
- (2) Division of Mental Health, Developmental Disabilities, and Substance Abuse Services programs and services:
 - a. Substance Abuse Services for Juveniles.
 - b. Residential Substance Abuse Services for Women and Children.
- (3) Division of Public Health programs and services:
 - a. Teen Pregnancy Prevention Activities.
 - b. Out-of-Wedlock Births.
 - c. School Health Program.
 - d. High-Risk Maternity Clinic Services.
 - e. Prenatal Education and Training.
 - f. Public Information and Education.
 - g. Technical Assistance to Local Health Departments.
- (4) Other divisions, services, and programs:
 - a. Family Support Services.
 - b. Family Resource Centers.
 - c. Independent Living Services.
 - d. Residential schools and facilities.
 - e. Other programs, services, or contracts that provide education and awareness services to children and families.

SECTION 21.18D.(c) Other State agencies, including the Department of Public Instruction, the Department of Juvenile Justice and Delinquency Prevention, and the Department of Administration, shall ensure the incorporation of developmentally appropriate HIV/AIDS education, awareness, and outreach information into their programs.

SECTION 21.18D.(d) The Department shall report on the implementation of this section on March 15, 2002, to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division.